

Arizona Graduate Medical Education (GME) Overview

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The Cost of Accessible Healthcare: Funding GME Panel

Terms, Definitions

Undergraduate Medical Education (UME) = medical school (MD), osteopathic (DO), 4 yrs to earn degree

Graduate Medical Education (GME) = residency training, 3 to 7 yrs or more to be eligible for board certification

Board Certification in specialties including primary care (e.g., family medicine); surgery (e.g., general surgery, neurosurgery); subspecialty (e.g., cardiology, interventional radiology)



Arizona Population:

14th most populous state

Top 5 fastest growing state in pop., PHX #1 major city

Since 2000 AZ pop. grew by 2M (41%); US pop. (18%)

Largest AZ pop. growth was in ages 65 and older



AZ Lags in Physician & Resident (GME) FTEs

Factors: Rapid Population Growth + Cap on
Subsidized Residency Slots (Medicare GME) 1997

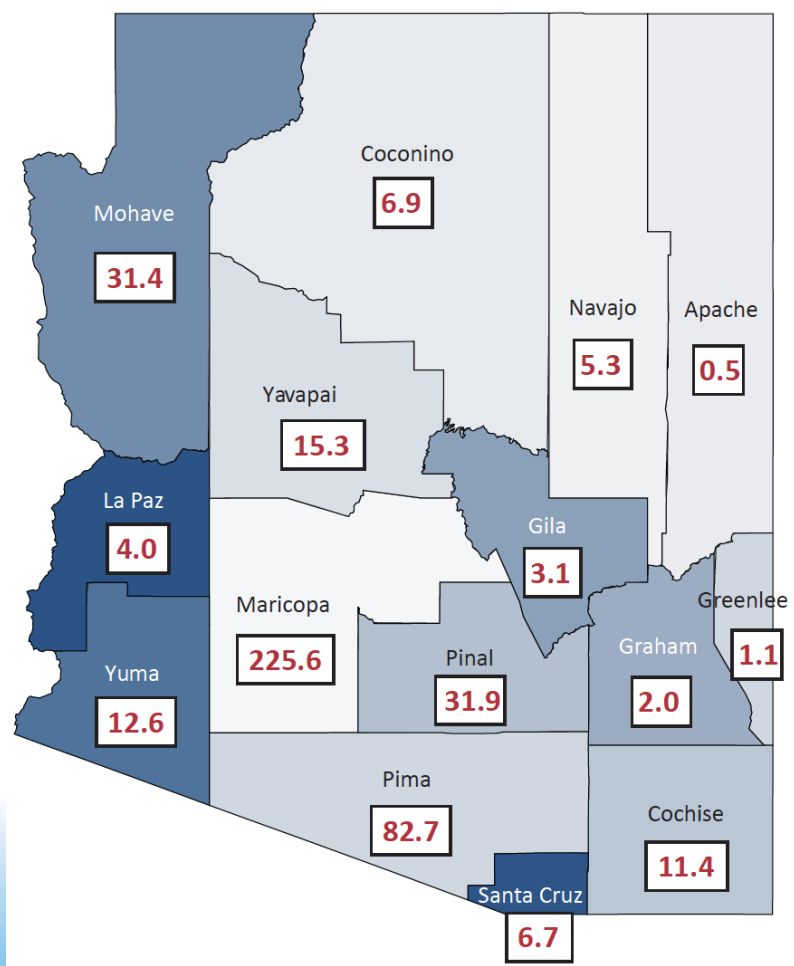
AZ #42 PCP per 100,000 pop: AZ 80 (US 95)

AZ #31 total physicians/100,000: AZ 252 (US 287)

AZ # 37 in residency FTEs per 100,000

Largest physician shortages in AZ are in primary care

Percent Living in Primary Care Shortage Areas (HPSAs) and
Number of Providers Needed to Eliminate Shortage (2023)



667 total PCP FTE needed to
eliminate current shortages

Percent population
living in a HPSA

- 75-100%
- 51-75%
- 26-50%
- 0-25%

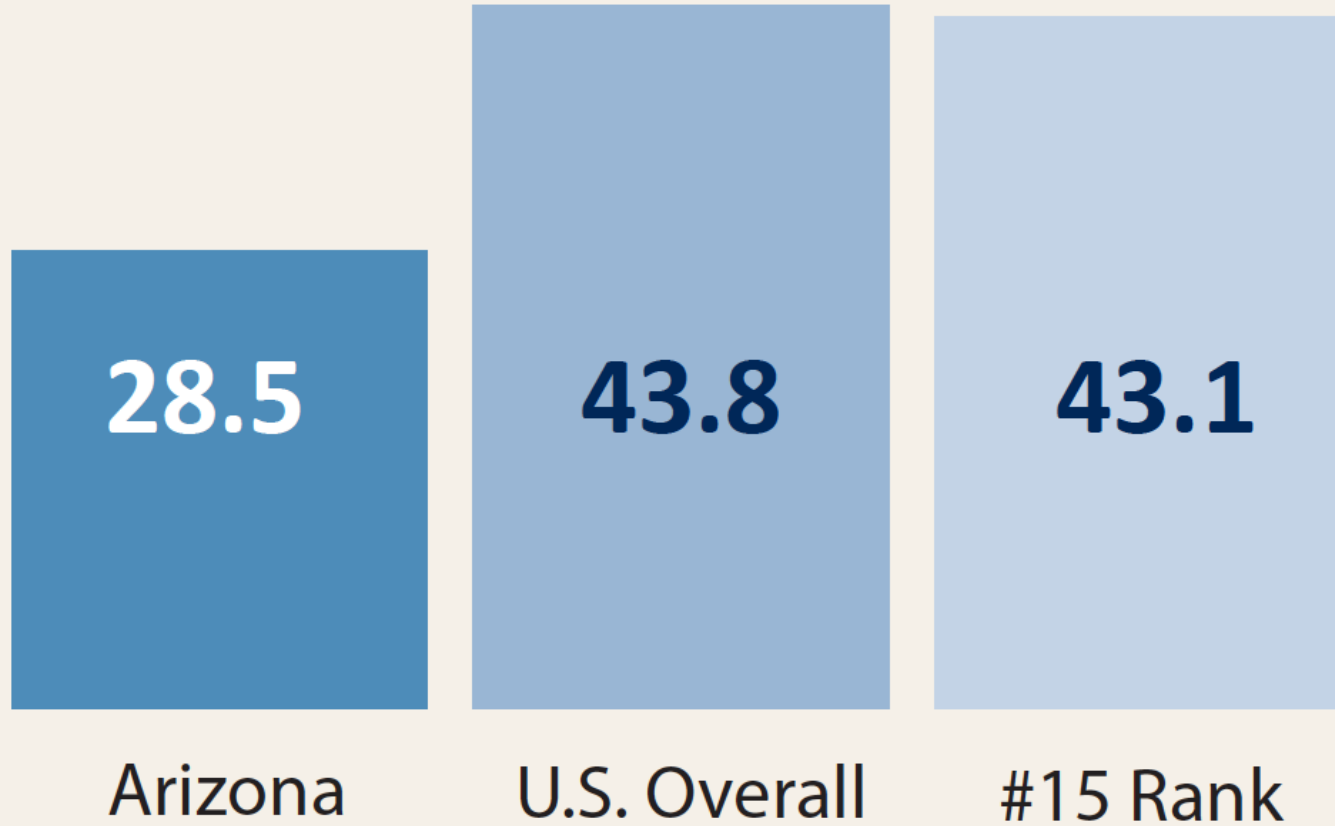
667 Total PCP FTE needed

Designated HPSA

Proposed for
withdrawal HPSAs



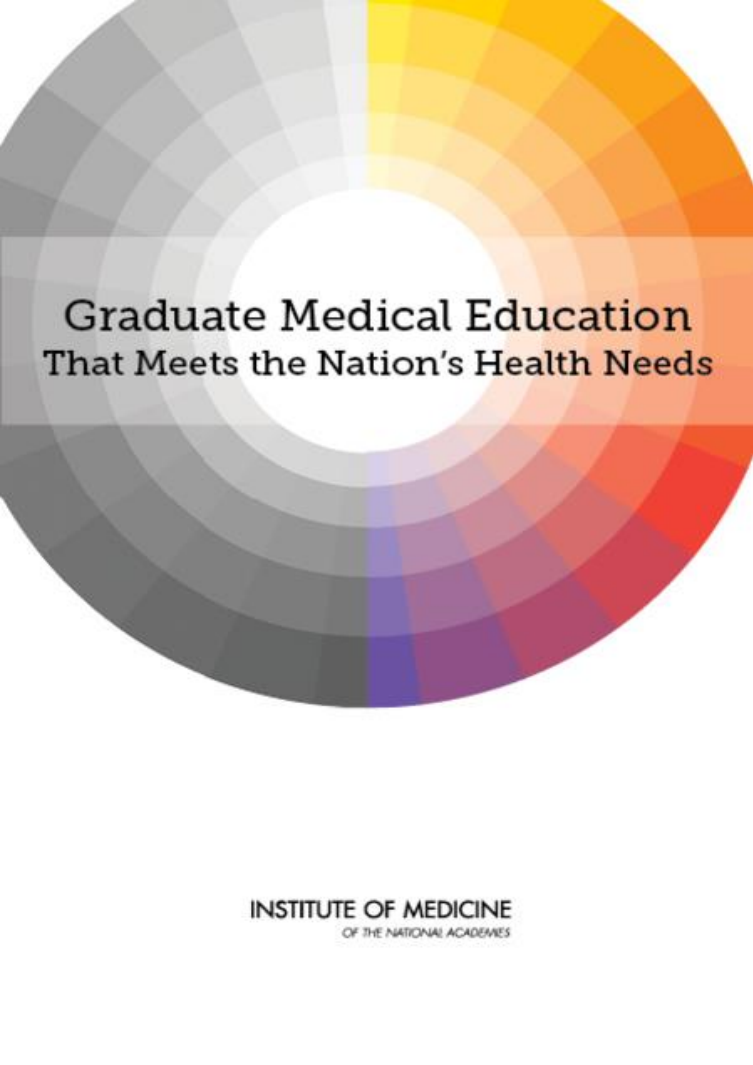
Resident (GME) Physicians Full Time Equivalents (FTEs) per 100,000 pop., 2021



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Low # of GME FTEs is a major
barrier to address AZ shortages

Arizona needs 1,100 GME
positions to get to where
we should be for our pop.



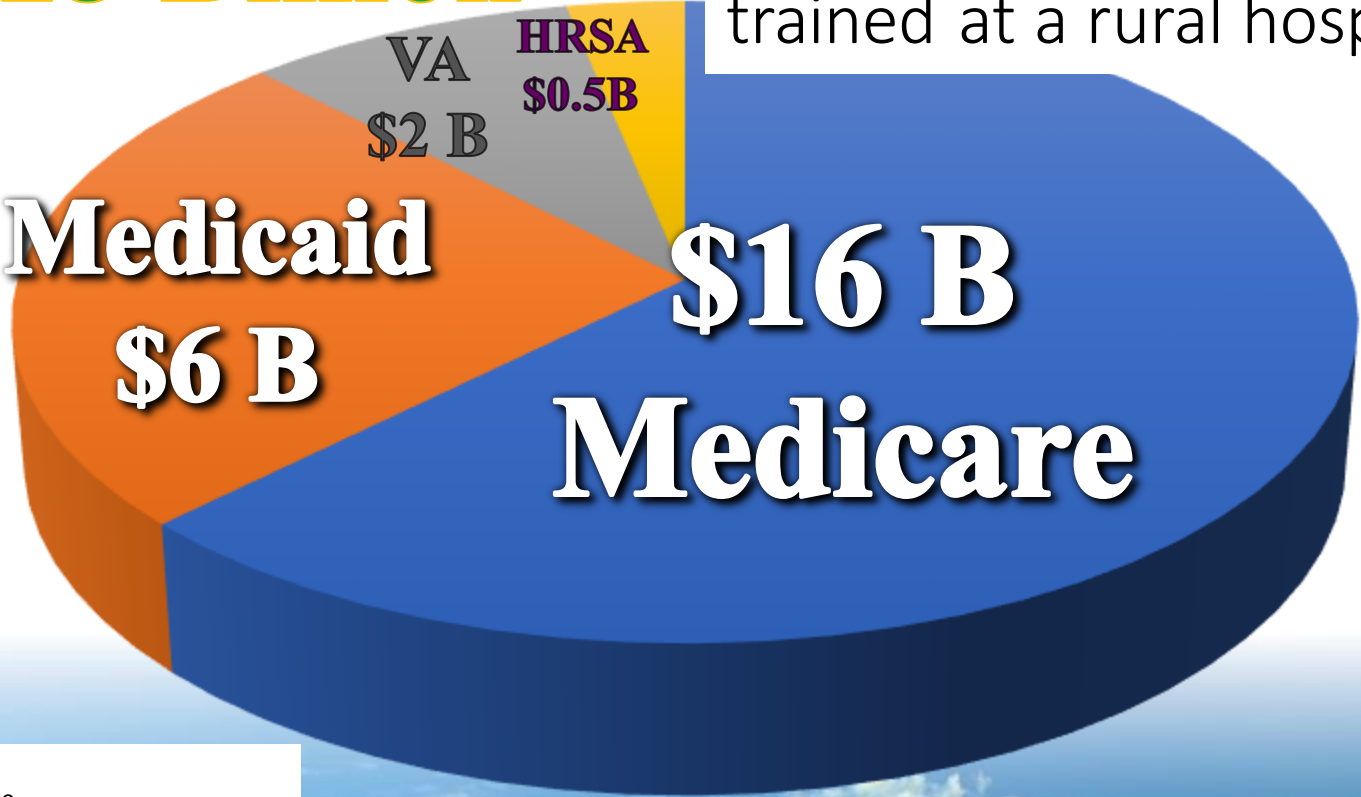
GME Public Subsidies



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GAO: "...we found that less than 1% of residents trained at a rural hospital "

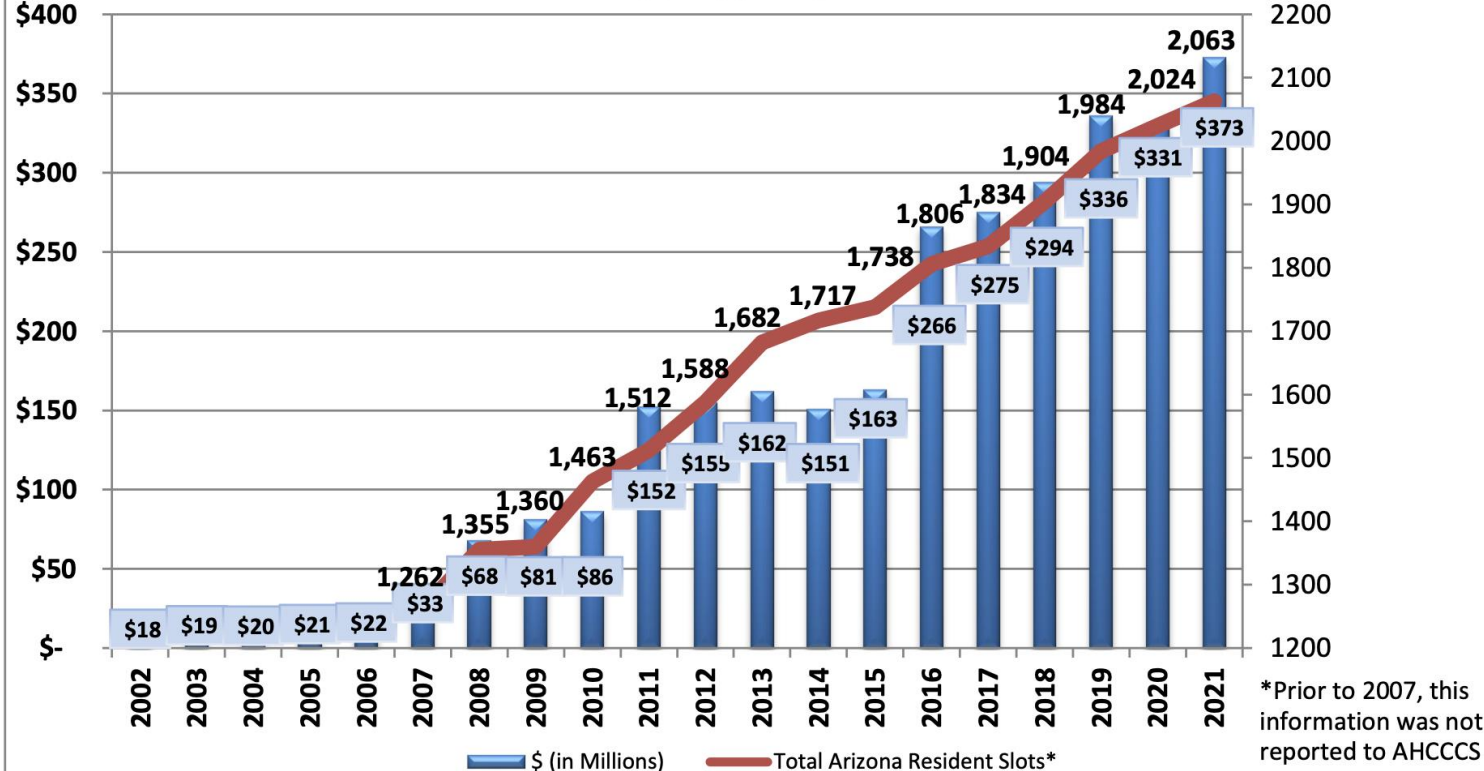
\$25 Billion



GAO 2021: <https://www.gao.gov/assets/gao-21-391.pdf>
Medicare GME 2020: <https://crsreports.congress.gov/product/pdf/IF/IF10960>
Medicaid GME 2023: <https://www.ama-assn.org/system/files/2023-gme-compendium-report.pdf>



AHCCCS GME Funding FY 2002-2021



Medicaid GME Funding # Residents 2002-2021

No Cap on Medicaid GME Slots -
Non-federal Match Required to Draw
Federal Medicaid GME

Federal Medicaid Assistance Percentage
FMAP 76.21% (3.2 multiplier) in 2021
For each state \$1 dollar, FMAP \$3.2

https://www.azahcccs.gov/shared/Downloads/Reporting/2022/July2022AHCCCS_GME_Report.pdf

Best Practices – 3 Prong Strategies

Training, Recruitment, Retention

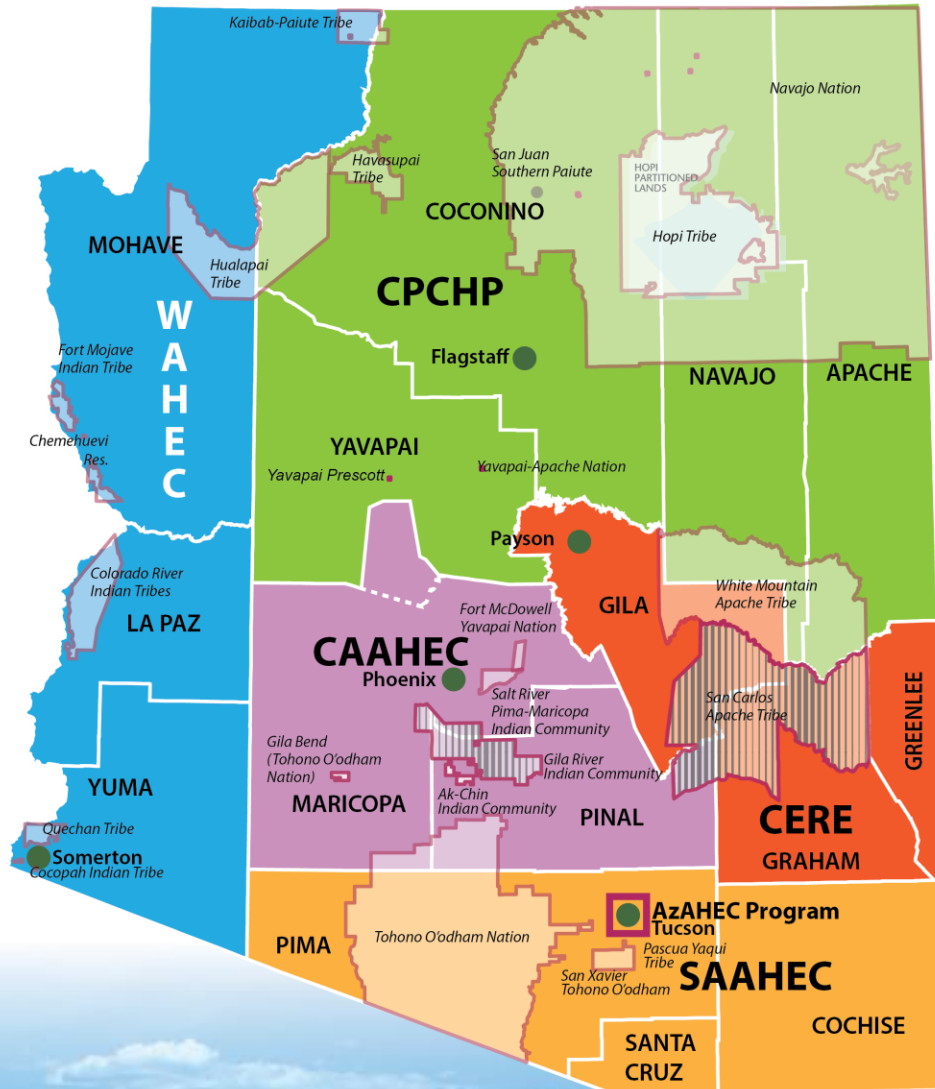
Teaching Health Centers: 75-80% GME graduates remain in primary care, work in HPSA/MUA/P (2022 HRSA \$155M)

Tax credit for health providers practicing in HPSAs + precepting requirement (example: Colorado)

AZ: GME start up + AHCCCS (Medicaid GME) support for primary care residency programs in FQHCs, IHS, Tribal-run

Leverage Existing Infrastructure

Arizona AHEC Regions and Tribal Nations in Arizona



-  Tribal Nations
-  Arizona Area Health Education Center Program (AzAHEC) Tucson
-  American Indian Health Area Health Education Center (AIH-AHEC)
-  Southern Arizona Area Health Education Center (SAAHEC)
-  Central Arizona Area Health Education Center (CAAHEC)
-  Center for Excellence in Rural Education (CERE)
-  Colorado Plateau Center for Health Professions (CPCHP)
-  Western Arizona Area Health Education Center (WAAHEC)



THE UNIVERSITY OF ARIZONA
Arizona AHEC
Area Health Education Centers

Arizona's Rural Health Safety Net

Design: Ann Garn & Paul Akmajian (Updated 7/18/22)

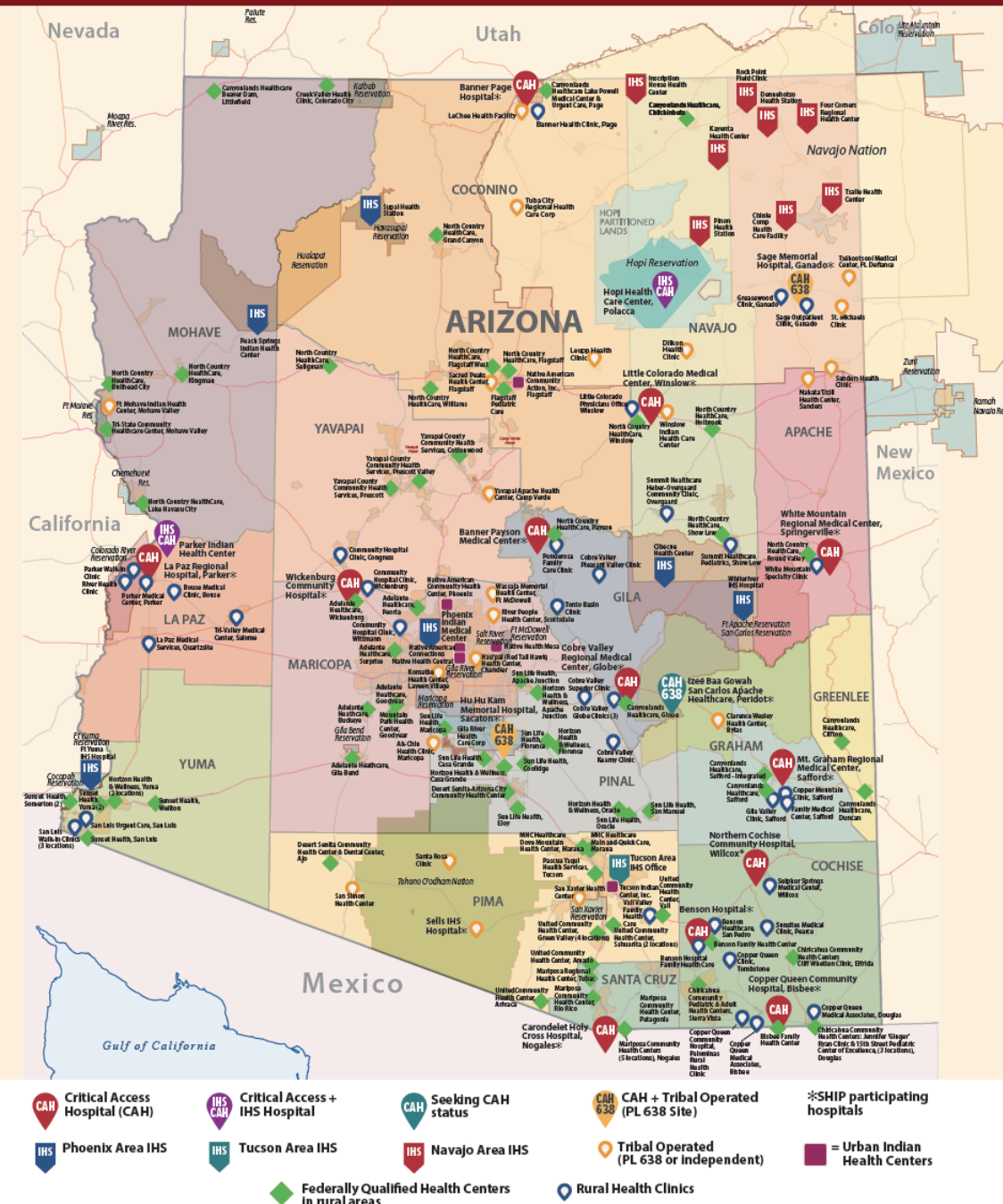


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Enhance Community-Based Experiential
Primary Care Training: DO, MD, FNP, PA

AZ Rural Health Safety Net Includes:

- 17 Critical Access Hospitals (CAHs)
- 45 Rural Health Clinics (RHCs)
- 23 Health Centers in 200 FQHC Sites
- 16 Indian Health Service Hospitals and Clinics
- 31 Tribal-operated (P.L. 638)
Rural Hospitals, Private Practices



5/31/2023 Dan Derksen MD



Daniel Derksen, MD, is the University of Arizona Health Sciences Associate Vice President for Health Equity, Outreach & Interprofessional Activities. He is a Professor of Public Health in the Mel and Enid Zuckerman College of Public Health with joint appointments in the College of Medicine and the College of Nursing. His current service, education and research activities include informing legislative, regulatory and program policy to improve access to health care and health insurance coverage; narrowing health disparities; developing, implementing and evaluating interprofessional service-learning sites; and working to assure a well-trained and distributed health workforce to meet the health needs of all Arizonans.

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